

**STATE OF DELAWARE
SINGLE POINT OF CONTACT – SPOC
INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS**

Office of Management and Budget
Haslet Building, 3rd Floor, Dover, Delaware 19901
(302) 739-4206

02-12-10 P01:47 RCVD

1. STATE APPLICATION IDENTIFIER:

S9-12-29-01

SPOC use ONLY

Month

Reviewer

CC's

01

KL

2. Applicant Project Title: Chronic Disease Self-Management Program

3. Applicant Department: Delaware Health and Social Services

4. Applicant Division/APU: Division of Public Health/05

5. Applicant Address: 417 Federal Street, Dover, DE 19901

6. Contact Person: Don Post

7. Contact Person's Phone Number: 302-744-1020

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

Karyl T. Rattay, MD, MS, FAAP, FACPM, Director, Division of Public Health: designee for Rita M. Landgraf, Secretary, DHSS

9. Federal Grantor Department: Department of Health & Human Services

10. Federal Sub-Agency: U. S. Administration on Aging

11. Federal Contact Person: Jane Tilley

12. Phone Number: 202-357-3438

DHHS, Prevention & Wellness Team, Administration on Aging, Office of Planning & Policy Development, 1 Massachusetts Ave, Washington, DC 20001

14. Federal Program Title:

ARRA - CPPW - Chronic Disease Self-Management Program

15. FEDERAL CATALOG NO:
(CFDA)

93

725

16. Project Description:

This Recovery Act funding supports state efforts to deploy community evidence-based chronic disease Self-Management programs (CDSMP) that empower older people with chronic diseases to maintain and improve their health status. The Diabetes Self-Management Program (DSMP) developed by Stanford University has been identified as the CDSMP. The project includes establishment of the DSMP in the state, training of both lay and master trainers and implementation of the six-session diabetes module. Target populations include those Delawareans residing in state-assisted housing and senior centers.

17. Will funds be utilized for any technology initiatives? ☐ Yes ☒ No If so, Business Case Number and brief project summary:

18. Measurable Objectives:

a. What were last year's objectives?

N/A

b. Were these objectives met? (If not, please explain why)

N/A

c. What are this year's objectives?

By June 10, 2010, train 14 lay persons to become Lay Trainers and by October 15, 2010 train at least 6 of those Lay Trainers to become Master Trainers. By February 15, 2010, ten diabetes modules consisting of six 2-1/2 hour sessions will have been conducted and 150 older adult participants will have received a "Certificate of Completion" for attending the diabetes module classes. Of those receiving certificates, 75% of the participants will report satisfaction with the program and their trainers. By the end of year 2012, DPH/DPCP will hold a license for at least one of the Stanford Self-Management Program models.

(If more space is needed, please attach a separate sheet of paper)

org sent in
1/26/10

19. Grant Period: From: <i>March 2010</i> To: <i>March 2012</i>	20. How many years has this project been funded: <i>0</i>	21. If the project was funded last year, how much federal money was awarded? <i>NA</i>
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22. Source of funding for this application:	Dollars
a. Federal grant	<i>125,000</i>
b. Other federal funds (Specify source of funding)	<i>0</i>
c. Required state contribution (Specify source of funding)	<i>0</i>
d. Discretionary state contribution (Specify source of funding)	<i>0</i>
e. Required local contribution (Specify source of funding)	<i>0</i>
f. Other non- federal funds (Specify source of funding)	<i>0</i>
TOTAL	<i>125,000</i>

23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits	<i>9780</i>	<i>0</i>	<i>0</i>	<i>9780</i>
Personal or Contractual Services	<i>79869</i>	<i>0</i>	<i>0</i>	<i>79869</i>
Travel	<i>13792</i>	<i>0</i>	<i>0</i>	<i>13792</i>
Supplies & Materials	<i>19559</i>	<i>0</i>	<i>0</i>	<i>19559</i>
Capital Expenditures	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Audit Fees	<i>250</i>	<i>0</i>	<i>0</i>	<i>250</i>
Indirect Costs	<i>1162</i>	<i>0</i>	<i>0</i>	<i>1162</i>
Other	<i>588</i>	<i>0</i>	<i>0</i>	<i>588</i>
TOTAL	<i>125,000.00</i>			<i>125,000.00</i>

24. How many positions are required for the project? (Exclude casual/seasonal employees)			
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total
Paid for out of federal funds	<i>0</i>	<i>0</i>	<i>.0</i>
Paid for out of General Funds	<i>0</i>	<i>0</i>	<i>0</i>
Paid for out of state special funds	<i>0</i>	<i>0</i>	<i>0</i>
Paid for out of bond/local/other funds	<i>0</i>	<i>0</i>	<i>0</i>
TOTAL	<i>.0</i>	<i>0</i>	<i>.0</i>

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.

LINE ITEM BUDGET SUMMARY

COST AREA	CURRENT YEAR			APPLICATION YEAR			PERCENT CHANGE		
	FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL	FEDERAL	STATE	TOTAL
Salary/Fringe	0	0	0	9,780	0	9,780	0.0%	0.0%	0.0%
Personal/Contractual	0.00	0.00	0	79,869	0	79,869	0.0%	0.0%	0.0%
Travel	0	0	0	13,792	0	13,792	0.0%	0.0%	0.0%
Supplies	0	0	0	19,559	0	19,559	0.0%	0.0%	0.0%
Capital	0	0	0	0	0	0	0.0%	0.0%	0.0%
Purchase of Service	0	0	0	0	0	0	0.0%	0.0%	0.0%
Audit	0	0	0	250	0	250	0.0%	0.0%	0.0%
Indirect Cost	0	0	0	1,162	0	1,162	0.0%	0.0%	0.0%
Other	0	0	0	588	0	588	0.0%	0.0%	0.0%
TOTAL	0	0	0	125,000	0	125,000	0.0%	0.0%	0.0%

DIRECTOR'S OVERVIEW
AARA – CPPW - Chronic Disease Self-Management Program
Administration of Aging
March 2010 – March 2012

Program Narrative: Delaware's Division of Public Health is submitting to the Administration of Aging (AoA) a grant application for funding opportunity number HHS-2010-AoA-RA-1003. The Delaware Diabetes Prevention and Control Program (DPCP) submits this funding request for a two-year time period of March 2010 to March 2012 in the amount of \$125,000.

The purpose of this grant is to implement the Stanford Model (Diabetes) Self-Management Program that improves health status and reduces the use of hospital care and health care costs. In addition, empower older people with chronic diseases (diabetes) to maintain independence in the community. This includes nationwide the following:

- Deliver CDSMP to 50,000 individuals;
- Document the impact of CDSMP on participant health behavior, health status and self-reported health care utilization;
- Develop and test an approach for using Medicare claims data to track the impact of CDSMP on participant health care utilization and Medicare costs; and,
- Strengthen the capacity of states and communities to systematically deploy CDSMP and other evidence-based prevention programs that benefit older adults.

Since the mid-1990s, the prevalence of diabetes has more than doubled among Delawareans. In 1995, an estimated 4.3 percent of Delaware adults had diabetes. By 2007, this number had increased to nearly 9 percent. People with diabetes can take measures to help prevent the development of diabetes-related complications.

Program Strategies for March 2010 – March 2012

1. Establish the Stanford Model Diabetes Self-Management Program in Delaware.
2. Train 10-12 lay persons to teach the Diabetes Self-Management module.
3. Train at least four (4) Master Trainers so they can train other lay persons.
4. Conduct at least eight (8) diabetes modules.
5. Have at least 139 participants receive class certification for completing the Diabetes Self-Management module.

Target populations include both older adults residing in rent-assisted housing and those who attend cheer centers in the state. Special attention will be provided to high-risk Delawareans, especially the despaired populations who have higher risk for development of diabetes and/or its complications. In addition, to the implementation of Stanford's DSMP, Delaware would also like to implement Tomando Control de su Diabetes, the Spanish version of DSMP. Executing this program in a community setting will provide access to Hispanics and/or Latin Americans especially for those Delawareans with diabetes who only speak Spanish.

Budget Comparison: This is a new grant application. The two-year application is for a total of \$125,000.

Relationship to State Budget: No state match required.

Opportunity Title: American Recovery and Reinvestment Act: Chronic Disease
Offering Agency: Administration on Aging
CFDA Number: 93.725
CFDA Description: ARRA Communities Putting Prevention to Work: Chronic Di
Opportunity Number: HHS-2010-AOA-RA-1003
Competition ID:
Opportunity Open Date: 12/16/2009
Opportunity Close Date: 02/12/2010
Agency Contact: Rebecca Mann
 Grants Management Specialist
 E-mail: rebecca.mann@aoa.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name: DELAWARE - ARRA - CPPW - CDSMP

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Assurances for Non-Construction Programs (SF-42)
 Budget Information for Non-Construction Program
 Grants.gov Lobbying Form
 Project Narrative Attachment Form
 Budget Narrative Attachment Form
 Other Attachments Form

Optional Documents

Faith Based EEO Survey
 Disclosure of Lobbying Activities (SF-LLL)

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

- 1** Enter a name for the application in the Application Filing Name field.
 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.
 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

State of Delaware

* b. Employer/Taxpayer Identification Number (EIN/TIN):

51-6000279

* c. Organizational DUNS:

103989187

d. Address:

* Street1:

417 Federal Street

Street2:

* City:

Dover

County:

* State:

DE: Delaware

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

19901

e. Organizational Unit:

Department Name:

Delaware Health & Social Svcs

Division Name:

Division of Public Health

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Don

Middle Name:

* Last Name:

Post

Suffix:

Title:

Manager, Diabetes Prevention & Control Prog

Organizational Affiliation:

* Telephone Number:

302-744-1020

Fax Number:

302-739-2544

* Email:

donald.post@state.de.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Administration on Aging

11. Catalog of Federal Domestic Assistance Number:

93.725

CFDA Title:

ARRA Communities Putting Prevention to Work: Chronic Disease Self-Management Program

* 12. Funding Opportunity Number:

HHS-2010-AOA-RA-1003

* Title:

American Recovery and Reinvestment Act: Chronic Disease Self Management Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of Delaware

* 15. Descriptive Title of Applicant's Project:

American Recovery and Reinvestment Act (Recovery Act) - Communities Putting Prevention to Work, Chronic Disease Self-Management Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="125,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="125,000.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. ARRA-Communities to Work - Chronic Disease Self- Management Program	93.725	\$ 0.00	\$ 0.00	\$ 125,000.00	\$ 0.00	\$ 125,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 125,000.00	\$	\$ 125,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	ARRA-Communities Putting Prevention to Work - Chronic Disease Self- Management Program				
a. Personnel	\$ 8,927.00	\$	\$	\$	\$ 8,927.00
b. Fringe Benefits	853.00				853.00
c. Travel	13,792.00				13,792.00
d. Equipment	0.00				
e. Supplies	19,559.00				19,559.00
f. Contractual	79,869.00				79,869.00
g. Construction	0.00				
h. Other	838.00				838.00
i. Total Direct Charges (sum of 6a-6h)	123,838.00				123,838.00
j. Indirect Charges	1,162.00				1,162.00
k. TOTALS (sum of 6i and 6j)	\$ 125,000.00	\$	\$	\$	\$ 125,000.00
7. Program Income	\$ 0.00	\$	\$	\$	\$

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8. ARRA - Communities Putting Prevention to Work - Chronic Disease Self-Management Program	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
9.						
10.						
11.						
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	\$	

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal \$ 62,500.00	\$ 15,625.00	\$ 15,625.00	\$ 15,625.00	\$ 15,625.00
14. Non-Federal	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
15. TOTAL (sum of lines 13 and 14)	\$ 62,500.00	\$ 15,625.00	\$ 15,625.00	\$ 15,625.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. ARRA - Communities Putting Prevention to Work - Chronic Disease Self-Management Program	\$ 62,500.00	\$ 62,500.00	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 62,500.00	\$ 62,500.00	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$123,838.00	22. Indirect Charges: Salaries x 13.02% = \$1,162.00
23. Remarks:	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Director, Division of Public Health</p>
<p>* APPLICANT ORGANIZATION</p> <p>State of Delaware</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

Project Narrative File(s)

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DELAWARE – CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

PROJECT NARRATIVE:

Summary/Abstract:

Since the mid-1990s, the prevalence of diabetes has more than doubled among Delawareans. In 1995, an estimated 4.3 percent of adult Delawareans had diabetes. By 2007, this number had increased to nearly 9 percent. People with diabetes can take measures to help prevent the development of diabetes-related complications. These preventive health measures target eye, kidney, foot, teeth, and gum health. Quality Insights of Delaware, the state's Medicare Quality Improvement Organization (QIO), and the University of Delaware currently conduct mobile diabetes wellness expos in a community setting to educate, screen, monitor and evaluate diagnosed adult diabetics in the underserved populations in Delaware. During the mini wellness expos, HbA1c, glucose, total cholesterol, HDL cholesterol and blood pressure screenings are conducted by qualified and/or certified personnel. The contractor also provides nutrition and physical activity education that plays an important role in the management and control of diabetes and/or prevention of type 2 diabetes. Locations are identified through the use of Medicare claims data to identify sites that produce a high volume of residents who haven't received at least two of the tests listed above in the prior year. The program was developed to address diabetes wellness at rent-assisted housing for older adults. Due to the lack of a community evidence-based diabetes self-management program focusing on diabetes, the Stanford University Diabetes Self-Management Program (DSMP) will help fulfill that need in the state and provide expansion to the current state initiative. Utilization and implementation of the DSMP will link well with the work currently being conducted at these older adult housing sites. In addition, we are looking at extending both our current project and the DSMP into

senior centers. These focus areas will provide access to our older adult-targeted populations and establishes a foundation that will contribute towards outcome successes. Key partners include the Delaware Division of Public Health's (DPH) Diabetes Prevention and Control Program (DPCP), Delaware Division of Medicaid and Medical Assistance, Quality Insights of Delaware (QID), University of Delaware (UD), Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) and the Delaware Aging Network (DAN).

Problem Statement:

U.S. Census Bureau statistics reveal that more than 114,000 people over the age of 65 live in Delaware, 13% of the state's population. By 2010, this age group is projected to increase by 17.3%, whereas the overall number of Delawareans is expected to grow by only 6.7%. By 2030, nearly one quarter of our residents will be over 65, with a significant proportion older than 85. Increasing age is a major risk factor for the development of type 2 diabetes. According to the Burden of Diabetes report released in 2009, almost 19 percent of all Delawareans age 65 and older have diabetes. The diabetes prevalence rate among Delawareans age 65 and older is almost four times greater than the diabetes prevalence rate among Delawareans age 25-44. In addition, the report shows that slightly fifty-one percent of all end-stage renal disease hospitalizations between the years 2000-2006 were older adults over the age 65. The report also shows that Delaware healthcare expenditures associated with diabetes-related services and care approached nearly \$587 millions between the years 2001-2004. Medicare and Medicaid are the primary payers of diabetes-related hospitalization costs in Delaware. Currently state accredited diabetes programs exist only with Delaware hospitals and one Federally Qualified Health Center. Those associated with the hospitals require health professionals to instruct the class and target patients with healthcare coverage. Current programs being conducted in the clinical setting are

accredited by either the American Diabetes Association or American Association of Diabetes Educators. These health-facility run programs don't permit lay people to conduct their self management programs to their patients. During this time, no community evidence-based diabetes self-management programs have been implemented at a statewide level in Delaware. Also, there are no evidence-based programs available in the state that permits lay people to teach diabetes self-management. An "ideal" situation in the state for an evidence-based program in a community setting would be self contained within DPH and/or other programs under Health and Social Services. Current public health trainer/educators would be identified and become Lay Trainers, at least six of those Lay Trainers will become Master Trainers. Oversight and implementation will be centered on current established programs in the state public health system. Community evidence-based programs would qualify for reimbursement. These reimbursements would increase probability for high risk Delawareans to participate in this type of a self-management program in their community setting. Often those populations of highest risk for diabetes and its complications don't have the resources to manage and control their disease. A comprehensive approach would include access to resources that will provide all the tools one needs to manage their chronic disease beyond instructed educational classes. At this time, there are no major management and systems challenges in Delaware in order to make the proposed DSMP readily available. Proposed grant funding will provide those dollars required in building the infrastructure for a sustainable program for the future. If the program is properly designed inside our Public Health's health system, the concern for any future possible financial challenges will be greatly diminished. Numerous partnerships and public health programs currently exist that addresses the health needs of older adults residing in Delaware. Of those, many implement community based programming, especially programs that target high risk

populations. These established partnerships will provide strength and potential success in implementing the DSMP.

Goals and Objectives:

During the infancy of this program, goals and objectives will be focused on establishing Stanford's Diabetes Self-Management Program (DSMP) in Delaware. As the program develops, so will additional goals and objectives. Long term goals would include spreading outreach to include other Stanford evidence-based programs, especially the Chronic Disease Self-Management Program (CDSMP) and the Spanish version of the Diabetes Self-Management Program, Tomando Control de su Diabetes. As well, it will provide the foundation to model and develop the self-management program addressing other specific chronic diseases. Early development will consist of identification and training of 14 lay people. These lay people will include both health professionals and those with a chronic disease, in some cases they may be both a health professional and have a chronic disease (in particular diabetes). Training of these lay persons will be contracted through a current Stanford accredited organization, such as, Center in the Park, located in Philadelphia Pennsylvania. The center currently consists of several staff members who are Master Trainers of both Stanford's Chronic Disease Self-Management Program and by early next year, the Diabetes Self-Management Program. These Master Trainers will be contracted to train those people identified in Delaware to be lay trainers. The training consists of four days, each eight hours long. Once those lay trainers have been trained; they can conduct the six week DSMP. Each of the six sessions will be two and a half hours long. Requirement will include two lay persons at each session accompanied by a Master Trainer until each Lay Trainer completes the training of two complete DSMPs. After the two completions, the Lay Trainers will have the opportunity to be trained as a Master Trainer. One

objective during this early stage of development is to have at least six of the original lay persons to become Master Trainers. Four of the six will include staff members of current developed chronic disease programs located at public health and/or trainer educators located at Northern and Southern Health Services. Our goal is to reach at least 150 older adults who will attend and receive certification for attendance and completion of the DSMP. Utilization of staff within the state public health system will greatly contribute towards sustaining this initiative long into the future. Another objective is that once a successful delivery model is established and implemented in our state, our goal is to have the program spread to other community partner's sites (e.g. clinics, community centers, faith-based facilities, and other places older adults gather).

Project Objectives

By the end of year one the objectives include the training of 14 lay persons to be trained and receive their certificate to be a Lay Trainer. Six of the Lay Trainers trained will seek and receive their Master Training certificate. It is our hope that four of the Master Trainers will be staff members of existing Chronic Disease DPH programs. Developing trainers within the public health system will help sustain this program into the future. There will be ten sites identified to conduct the DSMP. By the end of year two, it's our objective to have ten DSMPs consisting of six, two and a half hour sessions conducted. At least 150 older adult participants will receive a "Certificate of Completion" for attending the diabetes module classes. Of those completing the program, 75% of the average number of program participants will report satisfaction with the program. In addition, 75% of the average number of program participants of the program will report satisfaction with the trainer(s). One long-term objective of DPH is to hold a license for at least one Stanford Self-Management Program models, which will consist of the DSMP. During the second year a sustainable plan will be developed and site locations will spread to other

community locations that older adults gather and/or reside. The plan will be developed by the key partners as identified in the Organizational Capability section below.

Proposed Project:

Upon review of most recent Medicare claims data, the largest percent of the targeted audience is in New Castle County. Out of 4,865 underserved/minority, diabetic adults, 2,543 (52%) are non-compliant for at least 1 of 3 diabetic screenings. Out of those non-compliant, 2,116 are non-custodial. Out of 2,116 non-custodial, non-compliant diabetics, 1,254 (59%) live in New Castle County. That makes more than one-half of the target population living in New Castle County, the largest of the targeted areas. Based on these figures, the project was designed to include mobile diabetes wellness expos at seven facilities in New Castle County, three in Sussex County, and two in Kent County, for a total of 12 facilities. Medicare currently pays for dilated eye exams, A1C tests, blood glucose tests, and lipid tests. This program focuses on ways to implement changes in the healthcare system in order for people to obtain their diabetes education and screening services. Trained, qualified health experts from the University of Delaware's Employee Wellness Center (UDEWC) provide the following screenings during the mini expos: blood glucose, lipid, A1c, and blood pressure measurement. In addition, UDEWC provides educational sessions on physical activity and healthy nutrition. Quality Insights provides education on dilated eye exams and foot exams via educational materials and as appropriate, educational videos. All participants view the information and those without an ophthalmologist or podiatrist will receive contact information for local providers. The contractor also makes available information about good eye and foot care for participants to take home and use for future reference. A licensed podiatrist is at each location to provide one-on-one consultation with participants and provide brief foot evaluations on people with diabetes who do not have a

podiatrist. The podiatrist makes notes of problems on a tracking form and recommends if the participant needs to follow up with a podiatrist or primary care physician. The contractor develops marketing materials and publicizes the wellness expos within each facility. The marketing includes, door hangers and flyers for every resident, posters for each facility and personalized articles for those sites distributing monthly newsletters. National Diabetes Education Program messages and/or educational materials are used at each of the events. Quality Insights has developed an intake form so each participant in the program is identified and evaluated. The form collects individual information including insurance, family physician, screening services obtained and screening outcomes. Following the mobile wellness expo screening session, Quality Insights delivers screening results to the participant's family practitioner, the participant, and maintains a copy for program evaluation. The contractor developed a report system to track the facilities participating, individual residents participating in the program, and outcomes of their participation. The messages communicated under this project are age, culturally, and geographically appropriate to increase acceptance and the likelihood they will be acted upon. The initiative focuses on individuals by zip code who live in rent-assisted communities, are diagnosed with diabetes and who are non-compliant for at least one year in at least one of three diabetic screenings. The purpose of this health initiative is to address health disparities among the high-risk population by reducing non-compliance rates of certain diabetes tests and exams and improving **A1C, blood pressure and lipid control** among expo participants. The contractor trains health specialists prior to the implementation of the on-site mini diabetes wellness expos. The training provides an overall review of the project and defines outcome objectives for the mini diabetes wellness expos. This initiative targets non-

compliant diabetics by offering on-site, diabetes-related screenings identified as not being received by the targeted audience.

Both the nutrition and physical activity sessions include, but are not limited to, consultations, displays and handouts provided by the contractor. Distributed educational materials include those produced by the National Diabetes Education Program. The goals of the program are to increase the targeted population's knowledge about the importance of disease management and control and to increase their utilization of standard diabetes exams and/or tests (e.g. total cholesterol, HDL cholesterol, glucose, A1c, and blood pressure). This will be accomplished by augmenting the current wellness expos with the introduction of the Diabetes Self-Management Program developed by Stanford University. Targeted population will be identified from those participants of the on-site diabetes wellness expos. These diabetes wellness expos have established attendance with almost 350 participants annually. Utilization of rent-assisted housing for older adults will provide an excellent site location for community evidence-based programming, especially now that a relationship has been developed with these sites through the implementation of the mini diabetes wellness expos. This greatly contributes towards one purpose of the grant which is to help provide independence to older adults in their community. In addition, utilization of Medicare data for identifying people in these housing sites that haven't had specific diabetes tests plays an important role in reaching those in greatest need of the self-management classes. By zip code, we can identify how many people in a specific rent-assisted housing unit have diabetes, and of those identified, have had key diabetes tests and/or exams, especially those quality improvement measures for Medicare enrollees. Those sites yielding the highest number of residents who don't receive the recommended diabetes test/exams will be targeted to participate in the DSMP. The current methodology in identifying sites through the

use of Medicare data provides the groundwork for addressing another one of the key objectives in the CDSMP Recovery Act Funding opportunity. This objective is being able to develop and test an approach for using Medicare claims data to track the impact of the CDSMP on participant health care utilization and Medicare costs. This same implementation process will spread to the senior centers to provide an expanding area of targeted population of older adults. The DSMP will be implemented in the most widely attended cheer centers in the state. Once those sites are identified through the Delaware Aging Network, sites will be requested to participate in the program. Once completing the required hours of attendance (4 out of 6 sessions) all participants will receive a "Certificate of Completion". In addition, a small celebration will be held at the time of receipt of their certificate and incentives will be used in sustaining participation in the program. This grant provides for participant coverage of DSMP required educational materials for those attending the classes, including diabetes specific publications developed by the National Diabetes Education Program (NDEP). The NDEP is a federally funded program sponsored by the U.S. Department of Health and Human Services' National Institutes of Health and the Centers for Disease Control and Prevention and includes over 200 partners. Also, a healthy eating cook book will be provided to those receiving their certification. Those people who attend the mini wellness diabetes expos and who also participate in the DSMP, both at the assisted-senior housing and senior center sites will be provided referral information and encouraged to attend an accredited diabetes education program at their local hospital. Currently five hospitals and one Federally Qualified Health Center (FQHC) provide accredited diabetes education programs. The accredited programs will be provided as an additional resource tool to help strengthen the Stanford Model self-management program. These hospital programs are currently accredited either through the American Diabetes Association or the American

Association of Diabetes Educators. In addition, other linkages will be provided, such as; comprehensive diabetes services currently established at all four FQHCs and community clinics; the Emergency Medical Diabetes Fund that has been established to financially assist people with diabetes with their services, supplies and medications; and additional educational materials (e.g. a copy of the “Diabetes Patient Resource Guide” developed by the Delaware Diabetes Coalition) and other resources that will help meet their individual needs. Also, the DPCP has placed diabetes educators at all of the FQHCs in Delaware. These diabetes educators provide one-on-one consultations, group education, phone consultations and staff development. Last year over 1,500 people were served at the four sites. These centers play an important role for the purpose of linking people that are under insured or have no insurance to a medical home. Certain free test(s) are available at the FQHCs and four other clinics across the state. These test(s) (Total lipids, A1c, microalbuminuria, ALT/AST and Basic Metabolic Panel) are provided for free to qualifying patients. This is another available service that can link people from the DSMP to resources that will help them maintain control of their diabetes. Developing a sustainability plan has been incorporated in this project. Early on in the second year of the program, collaboration meetings will be conducted between the Delaware’s Division of Public Health, Division of Aging and Older Adults with Physical Disabilities, and Medicaid. These three partners will develop a plan to sustain this program beyond the two years.

Target Populations:

Target populations include both older adults residing in rent-assisted housing and those who attend senior centers in the state. As always, the DPCP provides special attention to high-risk Delawareans, especially the despaired populations who have higher risk for development of diabetes and/or its complications. In addition, to the implementation of Stanford’s DSMP,

Delaware would also like to implement Tomando Control de su Diabetes, the Spanish version of DSMP. Executing this program in a community setting will provide access to Hispanics and/or Latin Americans especially for those Delawareans with diabetes who only speak Spanish. Since Delaware is a small state, the DSMP will be available statewide. It's currently planned to conduct seven sessions in New Castle, four in Kent County and three in Sussex County. This calculation is based on population.

Anticipated Outcomes:

It's our anticipation that those people already participating in the mini diabetes wellness expos will become active participants in the Diabetes Self-Management Program. This prior year we had almost 350 residents attend the on-site mini diabetes wellness expos with all completing the education and screenings provided during the three-hour session. Those people identified as high risk will have a one-on-one consultation regarding their participation in the DSMP. This consultation will provide a brief overview about the program, time commitment and other expectations. It is our belief that this one-on-one intervention will provide increased opportunity in people seeking further support with helping them understand and control their disease. Our goal is to direct people from the mini diabetes wellness expos into the DSMP, from the DSMP into a clinical accredited diabetes education program. Success of the proposed work will be tracked by outcomes, such as the number of people who become Lay Trainers and of those, the number who become Master Trainers. Other measurements will include the number of DSM programs conducted and the number of participants that completed and received certification for attendance. Other important measures will be surveys developed on both presenter and content satisfaction. This type of survey will help assure that the trainers are meeting the needs of the participants and content is relevant to them learning ways to self-

manage their disease. It is also our belief that the same will follow with those older adults who attend senior centers. The senior center is a place of community and adapts well to the type of program we are trying to implement.

Project Management:

The project management lead will be performed by the DPH DPCP program manager. Our program's trainer/educator who is both a Certified Diabetes Educator and Registered Dietitian will participate in the training for the Lay Trainers and eventually seek becoming a Master Trainer, along with other DPH trainer/educators. Internally, staff becoming Master Trainers will help sustain the program in the future. Contracting and/or collaboration will consist of several external agencies, including but not limited to, Medicare (targeted population), Administration of Aging (resources, collaboration and participation), Quality Insights of Delaware (quality assurance and implementation), University of Delaware (evaluation and implementation), American Association of Retired Persons (marketing), Center in the Park (training and consultation), Delaware Aging Network (technical support), senior centers and rent-assisted housing (implementation), Stanford School of Medicine (training, technical support and resources) and Thomas Jefferson University (training and technical support). Internally the DPCP (project lead, resources, technical support and consultation) will work closely with the Division of Services for Aging & Adults with Physical Disabilities and Medicaid (technical support, resources, participation identification and consultation).

Project Monitoring, Evaluation and Continuous Quality Improvement:

Performance measures for the diabetes wellness expo are currently in place to gauge improvements on patient compliance for diabetic screening services and referrals and those requesting educational information. Each participant in the program is identified and evaluated

using a four-part tracking form. The form collects participant information including insurance, family physician, diagnosis, and screening services obtained over the past year. Individuals with abnormal results have their results reviewed by a health specialist and receive a verbal and written referral to their provider. The referral encourages the participant to follow up with their provider within one month of the event. The participant with abnormal results receives a follow-up phone call one month post the event to confirm their efforts to follow-up with their primary care provider. Following the mini health expo screening session, one part of the form is sent to their family practitioner; one copy provided to the participant (at the event); and two copies kept for program tracking and evaluation. A report system has been developed to track the participating facilities, the participating residents, and outcomes of the residents' participation, including screening results, education participation, referrals made to their provider, and follow up phone calls made to those with abnormal results. Similar monitoring, evaluation and quality assurance will be utilized while implementing the DSMP. It is through this diabetes wellness expo that participants will be encouraged to participate in the program. Medicare data will be used to identify people diagnosed with diabetes in rent assisted older-adult housing facilities and those who are non-compliant for at least 1 out of 3 diabetic tests outlined in the proposal. Registration for participation will be used to identify those participating in the program. However, due to patient privacy issues, residents of the identified site as a whole will be targeted. On-going consultation between the Division of Aging and Public Health will help identify barriers and/or needs through the progression of the program. Evaluation will be based on actual findings through utilization of pre and post test, trainer and program content satisfaction surveys, program-specific designed health surveys to measure lifestyle changes and outcomes, and agendas, sign in sheets, and course completion certificates.

Organizational Capability:

As the lead on this project, the DPH DPCP has been established since 1998. The program staff includes the program manager, epidemiologist, administrative assistant, management analyst (fiscal oversight and evaluation) and trainer/educator. The diabetes program implements numerous outreach programs, many in the community setting and targeting older adults and high-risk populations in the state. The DPCP provides a comprehensive approach working with those that have diabetes and/or are at risk for development of the disease. Extensive work has been done in Delaware through the utilization of the Federally Qualified Health Centers which includes placement of diabetes educators at all four sites that exist statewide. Resource linkages help fulfill cross-cutting needs of the person with diabetes and will play an important role with those participants of a self-management program. Another important resource developed in Delaware to meet the needs of high-risk Delawareans, includes the establishment of the Emergency Medical Diabetes Fund (EMDF). This fund helps people manage their diabetes by providing financial resources for supplies, medications and services. This program is administered through the Delaware State Service Centers that helps serve many needs of our high-risk populations in the state. Although it is important to empower the knowledge of the one who has diabetes on how to manage their diabetes, most important is to have established outlets to obtain those resources in order for them to maintain their health. The EMDF is especially important for those that receive monetary allowances slightly under the requirements for Medicaid qualification and/or not fully covered under their insurance. Currently almost 500 at risk-Delawareans seek relief annually through the EMDF. The DPCP is funded through both CDC funds and the Delaware Health Fund (DHF) (funds provided by the state's tobacco settlement). The importance of the DHF is for the provision of direct services for people with

diabetes, something not permitted through the use of CDC funding. Quality Insights of Delaware (QID), Delaware's Medicare Quality Improvement Organization (QIO), will provide key elements for the proposed project. This organization has worked closely in the state with the DPCP and currently serves as one of the two contractors for administering the Senior Diabetes Mini Wellness expos in the rent-assisted housing complexes. QID provides a strong linkage with Medicare. Through utilization of Medicare data, housing sites could be identified for those that had the greatest population of residents with diabetes and of those who had not received their recommended diabetes tests. Targeting by zip code will help us assure that we are meeting those with greatest need. All of the key partners listed have secure infrastructure and staffing. The Delaware Division of Public Health's Bureau of Chronic Disease has a confirmed infrastructure to help sustain the Chronic Disease Self-Management Program beyond the two-year funding period, especially the utilization of the diabetes module. The Diabetes Prevention and Control Program (DPCP) is located in the Bureau of Chronic Disease. Many projects implemented by the program targets older adult and higher-risk Delawareans. The DPCP staff structure consists of a program manager, administrative assistant, management analyst, epidemiologist and a trainer/educator. The trainer/educator implements numerous community-based programs throughout the year. The location of the trainer/educator in the public health system provides excellent alignment for the housing of a Master Trainer(s) of the Stanford Diabetes Self-Management Program (DSMP) model. In the same approach, it's appropriate for licensing of the DSMP be held by DPH. Both of these proposed concepts will greatly contribute towards future sustainability to a CDSMP in Delaware and cross training for other chronic diseases. Especially of importance is that a current chronic disease program infrastructure already exists at the state through physical location, staffing, structure and established

operational outputs for implementation and evaluation of community based programming. Another attribute to sustainability is that statewide reach is obtainable through use of additional trainer/educators located at Southern and Northern Health Services. These two sites provide extended public health community services that reach despaired populations in the state.

The Delaware Aging Network (DAN) was established in 2005 through funding from the Delaware Community Foundation and began as a collaboration of about 20 agencies. Today, the consortium consists of over 50 agencies across Delaware committed to improving the quality of services older adults receive in the state. DAN continues to create coordinated services for seniors and also advocates for state-wide policy changes that benefit the aging population. The network is the leading state consortium for assisting older adults in the state. Through funding from the Delaware Community Foundation, AstraZeneca, and the United Way of Delaware, DAN works to create coordinated services for seniors, specifically in the areas of transportation, health care, and housing. DAN also advocates for state-wide policy changes that benefit the aging population. The network offers case management services at local senior centers in all three Delaware counties, providing information about housing, health care, Medicare, Medicaid, in-home services, transportation, and other community resources. Referrals are made to meet the personalized needs of each individual. The network's mission is to enable older adults to live independently in their homes and communities as they age. DAN is dedicated to improving access to transportation services for older adults. In Sussex County, DAN organized the nationally recognized Sussex Mobility Consortium to research transportation systems and devise an improved, cost-effective, coordinated transportation system that uses volunteers, fixed routes and senior center vehicles to take seniors to their desired destinations. Utilization of this network will provide easy networking for marketing the diabetes self management classes to senior

centers statewide. This linkage supports our comprehensive approach in assisting with the needs of the person with diabetes to manage and control their diabetes. Twenty senior centers participate in the network. The federal Older Americans Act defines multi-purpose senior centers as “community facility[ies] for the organization and provision of a broad spectrum of services, which shall include provisions of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.” Senior centers are community focal points that are an integral part of a strategy to provide support for individuals so they can age successfully in their own homes and not need nursing home placement. Keys to the effectiveness of senior centers are the person-centered access to information they offer and referrals they make for individuals to community-based services. Evidence-based disease prevention and health promotion programs are also significant means of ensuring the well-being of older adults. In addition, the DAN will support the program by providing access to multiple layers of services and resources available to older adults in the state.

Quality Insights of Delaware (QID) is diversified in the work of quality assurance. Their background is vast, working with private/public workgroups that include the Centers for Medicare & Medicaid Services, the American Hospital Association, and the Joint Commission of Accreditation of Healthcare Organizations, the Federations of American Hospitals, the Association of American Medical Colleges and many other stakeholders. As a Medicare Quality Improvement Organization, they work with health care providers to ensure that every Delawarean receives the right care each time. QID’s organizational structure includes the West Virginia Medical Institute (WVMI) and Quality Insights of Pennsylvania. The work of QID and WVMI consists of making health care effective, safe, patient-centered, efficient, equitable and

timely. Their extensive work with quality assurance among Medicare and Medicaid recipients will play an important role with the execution of the DSMP. Quality Insights currently has an active role with our work at the older adult-assisted housing sites. Their work with Medicare, Medicaid and the community-based diabetes wellness expos will be an asset to the proposed project. Also, their collaboration will be most important in addressing the development of ways to utilize Medicare claims data to track the impact DSMP on participant health care utilization and costs compared to other Medicare beneficiaries that don't participate in the diabetes self-management classes.

The University of Delaware's HealthyU Employee Wellness Department provides expertise in health wellness. This includes resources and programs promoting primary prevention and self-management planning. In addition, they provide those identified tests/exams for keeping people healthy that have chronic disease(s) and/or are at risk for developing a chronic disease. Another important aspect to the collaboration with the University of Delaware is their ability to develop appropriate evaluation methodology and analysis specific to the program being implemented. Their partnership role will include development of those data collection tools that will contribute towards the necessary reporting requirements associated with this cooperative agreement. Although some evaluation resources will be available for the pre-developed DSMP by Stanford, additional data collection will be required. This includes, but is not limited to, the development of reporting systems to capture specific data tracking for those people participating in the classes. In addition, ways to measure for designated process objectives and identify other ways to measure accomplishments and successes. The mission of the Division of Medicaid & Medical Assistance is to improve health outcomes by ensuring that

the highest medical services are provided to the vulnerable populations of Delaware in the most cost effective manner.

In conclusion, Delaware is aligned with strategic partners and has the established infrastructure to assure successful outcomes for the proposed work plan. Expanding and adding to the current work of the mini diabetes wellness expos and the addition of senior centers will secure the number of participants being targeted to take part in this program. This will be important for not only the identification of participants but identification of sites to house the training. The DSMP will enhance existing activities that have already been established to address high risk Delawareans living with diabetes.

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

ARRA - CPPW - CHRONIC DISEASE SELF-MANAGEMENT PROGRAM - DELAWARE						
2-yr BUDGET NARRATIVE/JUSTIFICATION						
2010-2012						
Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification	
Personnel	\$ 8,927	\$ -	\$ -	\$ 8,927	Federal (DPH) Casual/Seasonal (Accountant) to perform fiscal and required grant reporting requirements. Accountant - Supervision from Office of Financial Services (Iwana Smith). Will review, oversee, process and apply fiscal internal controls to insure correct charges and accounting of disbursements and credits - .15 FTE at \$29,757.00 per year = \$8,927.10 PERSONNEL TOTAL - \$8,927.00	
Fringe Benefits	\$ 853.	\$ -	\$ -	\$ 853.	Federal (DPH) Fringe (9.55%) = \$852.54 FRINGE TOTAL - \$853	
Travel	\$ 13,792.			\$ 13,792.	Federal (DPH/DSAAP) A representative from both DPH & DSAAP to attend annual meeting Yr-1 - Travel to National meeting in Washington, DC - Per person costs POV - 196 miles RT x .40/mi = \$78.40 Lodging - 2 nights @ \$229/night = \$458.00 Per Diem - 3 days @ \$71/day = \$212.00 Parking/Tolls - 3 days @ \$25/day = \$75.00 TOTAL = \$823.40 x 2 = \$1,646.80 A representative from both DPH & DSAAP to attend annual meeting Yr-2 - Travel to National meeting in Washington, DC - Per person costs POV - 196 miles RT x .40/mi = \$78.40 Lodging - 2 nights @ \$229/night = \$458.00 Per Diem - 3 days @ \$71/day = \$212.00 Parking/Tolls - 3 days @ \$25/day = \$75.00 TOTAL = \$823.40 x 2 = \$1,646.80 Six (6) Lay Trainers to Stanford University for Master Trainer training 4.5 days x 6 people Common Carrier 6 x 586.20 = \$3,517.20 Lodging 6 x 504 (4 nights) = \$3,024.00 Meals 6 x \$319.50 = \$1,917.00 Parking, shuttle, taxi, tips, etc. - 6 x 340 = \$2,040.00 TOTAL = \$10,498.20 TRAVEL TOTAL - \$13,791.80 = \$13,792.00	
Equipment	\$.000	\$ -	\$ -	\$ 0.00-	No Equipment over \$5,000 requested	

Supplies	\$19,559.				<p>Federal Consumable and daily operational supplies (pens, paper, clips, folders, printer ink, toner, certificates, folders, paper, etc) \$2,800.00</p> <p>Lay/Master Trainer workshop charts, manuals and other instructional materials for 14 trainers @ \$200.00/ trainer = \$2,800.00</p> <p>Cook books presented to class participants for completion of program at a ceremony program - \$11.50 per book x 150 = \$1,725.00</p> <p>Two (2) Laptop computers for conducting training at the senior centers and/or senior-assisted living sites @ \$1,524.15/laptop = \$3,048.30</p> <p>Licensing for 2 licenses at \$92.97 each = \$185.94</p> <p>Educational Materials - 150 Stanford Model Text Books, CDs, DVDs, educational and/or other needed materials x \$50/person = \$7,500.00</p> <p>Ten (10) certificate ceremonial programs; light refreshments - \$1,500.00 TOTAL - \$19,559.00 SUPPLIES TOTAL - \$19,559.00</p>
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Contractual	\$79,869.00	\$79,869.00	<p>Centers in the Park – To provide training that includes both Lay Trainer training and oversight/administration of 60 DSMP classes.</p> <p>Salaries - One Master Trainer @ .32FTE at \$47,700.00 per year = \$15,264; one Master Trainer @ .32FTE at \$32,000.00 per year = \$10,240 Total - \$25,504.00</p> <p>Fringe - FICA (7.65%); Health/Dental (15%); Unemployment (1.95%); Workers Comp (2.4%); Life/Disability (1%) (Pennsylvania tax rates) Total - \$7,141.12</p> <p>Travel - Lodging, meals, tolls, mileage (.445/mile) for one week (5-days) training in Delaware for two (2) people = \$2,500 Follow-up trips to monitor classes throughout Delaware - 5 classes x 10 programs @ 120/trip @ .445/mile = \$3,204. Total - \$5,704.00</p> <p>Supplies – incidental supplies for training classes – Total - \$620</p> <p>Centers in the Park Contract TOTAL - \$38,969.12 = \$38,969.00</p> <p>-----</p> <p>Quality Insights of Delaware (QID) Medicare Claims data abstraction, lay worker recruitment, participant recruitment, and satisfaction surveys and analysis. Provide a method/plan to secure on-going quality assurance of work administered to track participants of the DSMP including follow up calls and impact of program on the health system and participants - \$5,800.00 x 2 yrs = \$11,600.00</p> <p>QID Contract Total - \$11,600.00</p> <p>-----</p> <p>University of Delaware (UD) Evaluation component for monitoring, tracking and analysis of survey and report outcomes on course administration (includes participant outcomes through knowledge gained, influences on self-management health and treatment and data gathered and abstracted for required reporting) - \$3,600.00 x 2 yrs = \$7,200.00 UD Contract Total = \$7,200.00</p> <p>-----</p> <p>Delaware Aging Network Cost offset for work associated with classroom needs to conduct curriculum (class room, microphone, projector screen and other audio visual requirements) at assisted living facilities and senior centers. Includes cost for on-site marketing for program participation - \$2,200.00 x 2 = \$4,800.00 Delaware Aging Network Total = \$4,800.00</p> <p>-----</p>
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					Stanford University Training of four (4) Master Trainers for 4-1/2 day CDSMP, Spanish CDSMP and/or Spanish Diabetes On-site Health Professional - Four (4) x \$1,600 = \$6,400.00 Person with Chronic Disease - Two (2) x \$900 = \$1,800.00 Licensing Fees - 48+ workshops - \$2,000.00 Stanford University Total = \$10,200.00 <hr/> Non-State Lay and Master Trainers Stipend to offset travel, time and other costs to those participating in becoming lay trainers. This includes allowance for 14 (four will consist of DPH current staff) participants to seek Lay Trainer certification. Participants are required to attend 4 – 8 hrs/day of training for four days (32 hrs each person). \$200 per person x 10 (does not include four (4) DPH workers to be trained) = \$2,000.00 Lay Trainers - Stipend to cover travel, time and other costs for newly trained Lay and Master Trainers associated with conducting and/o: oversight of training. Lay Trainers - \$35 x 6 classes = \$210 x 2 trainers = \$420 x 10 programs = \$4,200.00 Master Trainers - \$50.00 x 6 classes = \$300 x 2 trainers = \$600.00 x 10 programs = \$6,000.00 Total Lay & Master Trainer Stipend = \$10,200.00 Assuming that each class will be taught by one Lay Trainer from DPH and one Master Trainer from DPH the total cost will be reduced by 50% TOTAL= \$5,100.00 Total Stipends = \$7,100.00 CONTRACTUAL TOTAL - \$79,869.00
Audit Fees	\$ 250			\$ 250	Federal (DPH) Audit Fees -State required (.2% [.002] of total direct & indirect costs) Audit Fee Total - \$250.00
Other	\$ 588.			\$ 588	Federal (DPH) Other - Phone Maintenance (\$180); Computer Allocation (\$250); and DTI network charges (\$61) calculated at .15 FTE overhead costs and at state required rates. Postage (\$97) figured at full estimate. All items estimated for 2 yrs. Other Total - \$589.00
Indirect Charges	\$ 1,162	\$ -	\$ -	\$ 1,162	Federal (DPH) 13.02% of total grant-funded salaries. Breakdown: State, 4.43%; Department, 5.06%; and Division, 3.53%. Indirect Cost Total - \$1,162.30
TOTAL	\$125,000	\$ -	\$ -	\$125,000	

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
State of Delaware	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix:	* First Name: Karyl Middle Name: T.
* Last Name: Rattay	Suffix: M.D.
* Title: Director, Division of Public Health	
* SIGNATURE: Completed on submission to Grants.gov	* DATE: Completed on submission to Grants.gov

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

**DELAWARE – CHRONIC DISEASE SELF-MANAGEMENT PROGRAM
WORK PLAN**

Annual Objective: (By March 2011)

1. By June 15, 2010, fourteen people will complete the lay-person training and receive their certificate to be a Lay Trainer for the Stanford Diabetes Self-Management Program.

Indicator: The number of Lay Trainer certificates issued

Lead: Centers in the Park

Data source: List of certified Lay Trainers

Partners:

- Contract defined and implemented with Centers in the Park to conduct trainings
- Training location, community and health professional participants identified to become Lay Trainers
- Centers in the Park conducts Lay Training in accordance with Stanford protocol
- Participants receive certificate for becoming Lay Trainers

Key partners: Centers in the Park, Quality Insights of Delaware, Bureau of Chronic Disease, Northern and Southern Health Services, Diabetes Prevention and Control Program, Medicaid, Delaware Division of Services for Aging and Older Adults with Physical Disabilities, people with chronic diseases, and Stanford University

2. By November 15, 2010, four Master Trainers will be certified by Stanford University who are staff members of existing DPH, Chronic Disease programs.

Indicator: The number of DPH staff receiving Master Trainer certificate

Lead: Delaware Division of Public Health

Data source: List of certified Master Trainers at Public Health

Note: This objective is listed as a separate objective due to its importance in developing a sustainable plan for the program beyond 2012.

Activities:

- Training time established to conduct Master Training
- DPH Lay Trainers identified to become Master Trainers
- Master training will be conducted by Stanford University
- DPH receives certificate for training completion to become Master Trainers

Key partners: Delaware's Division of Services for Aging and Older Adults with Physical Disabilities, Lay Trainers and Stanford University

3. By October 15, 2010, six of the Lay Trainers trained will seek and receive their Master Training certificate (Includes those in #2 above).

Indicator: The number of Master Trainer certificates issued

Lead: Delaware Division of Public Health and Stanford University

Data source: List of certified Master Trainers

Activities:

- Training time established to conduct Master Training
- Lay Trainers identified to become Master Trainers
- Master training conducted by Stanford University
- Master Trainers receive certificate for training completion

Key partners: Lay Trainers and Stanford University

4. By December 15, 2010, ten sites will have been identified to conduct the DSMP.

Indicator: The list of sites identified to house the DSMP sessions

Lead: Centers in the Park

Activities:

- Identification of possible sites
- Contacts made to identified sites interested in participating
- Site locations confirmed and secured for conducting classes
- DSMP class schedule identified and marketed to older adult rent-assisted housing residents and/or participants at senior centers
- Work plan developed for implementing DSMP modules

Key partners: Quality Insights of Delaware and the Delaware Aging Network, Delaware Division's of Services for Aging and Older Adults with Physical Disabilities and Medicaid

Annual Objective: (By March 2012)

5. By February 15, 2012, at least ten diabetes modules consisting of six 2-1/2 hour sessions will have been conducted.

Indicator: The number of diabetes self-management programs implemented

Lead: Centers in the Park, trained Lay Trainers, and Master Trainers

Data source: Site confirmation of participating sites, agendas and registration lists

Activities:

- DSMP sessions (6 each) conducted
- Pre/post test submitted, satisfaction survey and other evaluations and/or data intake forms completed

Key partners: Centers in the Park, trained Lay Trainers and Master Trainers

6. By February 15, 2012, 150 older adult participants will receive a "Certificate of Completion" for attending the diabetes module classes.

Indicator: The number of participants receiving certificates

Lead: Centers in the Park, trained Lay Trainers, and Master Trainers

Data source: List of participants receiving certificates

Activities

- Recognition ceremony provided for participants receiving certificates
- Ceremony for those successfully completing the program is planned
- Ceremony conducted and certificates distributed

Key partners: Participating sites, Centers in the Park, trained Lay Trainers and Master Trainers, Diabetes Prevention and Control Program and people

with chronic disease, Delaware Division of Services for Aging and Older Adults with Physical Disabilities

7. By February 15, 2012, 75% of the number (112) of program participants of the Diabetes Self-Management program will report satisfaction with the program.

Lead: University of Delaware

Data source: Participant survey

Activities

- Program satisfaction survey developed
- Program satisfaction survey distributed, completed and returned
- Data analyzed and report provided

Key partners: University of Delaware, Quality Insights of Delaware, Centers in the Park

8. By February 15, 2012, 75% of number (112) of program participants of the Diabetes Self-Management program will report satisfaction with the Master and Lay Trainer(s).

Lead: University of Delaware

Data source: Participant survey

Activities

- Program trainer satisfaction survey developed
- Program trainer satisfaction survey distributed, completed and returned
- Data analyzed and report provided

Key partners: University of Delaware

Long Term Objectives: (2yr)

- a. By January 2012, DPH will hold a license for at least one Stanford Self-Management Program models.

Indicator: Acquisition of DSMP license

Lead: Delaware Division of Public Health

Data source: License document

Key partners: Delaware Division of Public Health and Stanford University

- b. By February 2012, a plan will be developed to sustain and spread the DSMP to other chronic diseases and site settings

Indicator: The development of a sustainable plan

Lead: Delaware Division of Public Health

Indicator: The plan

Key partners: Delaware Division of Aging and Adults with Physical Disabilities, Medicaid, Delaware Division of Public Health's Chronic Disease Bureau and/or Diabetes Prevention and Control Program and/or other license holders

- c. By March 2012 site locations will spread to other community locations that older adults gather and/or reside other than rent-assisted, older adult housing facilities and senior centers.

Indicator: Identified sites beyond two utilized in pilot projects

Lead: Delaware Division's of Public Health, Medicaid and Services for Aging and Adults with Physical Disabilities

Data Source: List of sites

Key partners: Delaware Services for Aging and Adults with Physical Disabilities, Medicaid, Delaware's Division of Public Health's Chronic Disease Bureau and/or Diabetes Prevention and Control Program, non profits, health facilities, and/or other license holders.